GOOD FAITH EFFORT PLAN (FOR CONTRACTS \$200,000 OR GREATER)

NAME OF PROJECT:			
BIDDER/PROPOSER INFORMATION:			
Name of Bidder/Proposer:			
Address:			
City:	State:	Zip Code	:
Telephone:	E-mail Address :		
Is your firm certified? Yes I	No (If yes, pleas	se submit Certificatio	n Certificate.)
 List all subcontractors/suppliers that AABEs-SBEs. Use additional sheets 		this contract. (Indicat	e all MBEs-WBEs-
NAME, ADDRESS AND E-MAIL OF SUBCONTRACTOR'S/SUPPLIER'S COMPANY	CONTRACT AMOUNT	% LEVEL OF PARTICIPATION	MBE-WBE-AABE- SBE CERTIFICATION NUMBER

Only companies certified as MBE, WBE, AABE or SBE by the City of San Antonio or its certifying organization can be applied toward the contracting goals. All MBE-WBE-AABE-SBE subcontractors or suppliers must submit a copy of their certification certificate through the Prime Contractor. <u>Proof of certification must be attached to this form.</u> If a business is not certified, please call the Small Business Program Office at (210) 207-3900 for information and details on how subcontractors may obtain certification.

It is understood and agreed that, if awarded a contract by the City of San Antonio, the Contractor will not make additions, deletions, or substitutions to this certified list without consent of the Director of Economic Development and Director of the appropriate contracting department (through the submittal of the Request for Approval of Change to Original Affirmed List of Subcontractors/Suppliers form).

NOTE: If MBE-WBE-AABE-SBE contracting goals were met, skip to #9.

2.	If MBE-WBE-AABE-SBE contracting goals were not achieved in a percentage that equals o exceeds the City's goals, please give explanation.			
3.	List all MBE-WBE-AABE-SBE Listings or Directories utilized to solicit participation.			
4.	List all contractor associations and other associations solicited for MBE-WBE-AABE-SBE referrals.			
<u> </u>	Discuss all efforts aimed at utilizing MBE-WBE-AABE-SBE's.			
6.	Indicate advertisement mediums used for soliciting bids from MBE-WBE-AABE-SBE's.			

	COMPANY NAME	MBE-WBE-AABE-SBE CERTIFICATION NUMBER	REASON FOR REJECTION				
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8.	s. Please attach a copy of your company's MBE-WBE-AABE-SBE policy.						
9.	. Name and phone number of person appointed to coordinate and administer the Good Faith Efforts of your company on this project.						
10	. This Good Faith Effort Plan is sub	ject to the Economic Develo	opment Department's approval.				

7. List all MBE-WBE-AABE-SBE bids received but rejected. (Use additional sheets as needed.)

AFFIRMATION

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND AND AGREE THAT, IF AWARDED THE CONTRACT, THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

SIGNATURE OF A	JTHORIZED OFFICIA	_ L	
TITLE OF OFFICIA	L	_	
DATE	PHONE	_	
*******	*********	***********	*****
FOR CITY USE			
Plan Reviewed By:			
Recommendation:	Approval	Denial	
Action Taken:	Approved	Denied	
	DIRECT		/ENT